

14th Annual National LawFit Challenge

Thursday, Friday, & Saturday July 16-18, 2015

Olive Branch, MS

****Registration Forms due by Monday July 10, 2015****

APPLICANT INFORMATION

(Please type or print legibly.)

Participant's Name: _____ DOB: _____ M F
Agency Name: _____
Agency Address: _____
Work Phone #: _____ Cell Phone #: _____ Shirt Size: S ___ M ___ L ___ XL ___ XXL ___
Email Address: _____

Do you require special accommodations under provision of the Americans with Disabilities Act? Y N

If yes, please state the nature of the accommodation required:

EXPRESSED ASSUMPTION OF RISK

I authorize that _____ is fit for full duty as a law enforcement officer and he/she is physically able to participate in the **2015 National LawFit Challenge**. I further recognize that this event's physical activities (**one repetition maximum bench press, 60-second sit-up test, sit & reach flexibility test, maximum repetition pull-up test, 1.5 mile run, and 200 yard suspect pursuit**) have the potential to put significant stress on the cardiovascular and musculoskeletal systems of participants. I also give LawFit and the City of Olive Branch permission to use my photo and/or video for any purpose without compensation to me and such photos and/or video are the sole property of LawFit and the City of Olive Branch.

Signature of participating officer: _____

Signature of agency supervisor: _____

Print name and address of agency supervisor: _____

Phone Number: _____ Fax Number: _____ Email: _____

Registration - \$75. Make checks payable to: Friends of Olive Branch - National LawFit Challenge

Mail this form and your registration check to:

Friends of Olive Branch

Attn: 2015 National LawFit Challenge

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